



## Jamboree Kids School

Sea Breeze Lane, P. O. Box N-1719  
Nassau, N. P., Bahamas  
Telephone: (242) 324-2939  
Email: [jamboreekids1@gmail.com](mailto:jamboreekids1@gmail.com)  
Monday - Friday 7:00am to 4:00pm  
[www.jamboreekidsbahamas.com](http://www.jamboreekidsbahamas.com)

PHOTO

## Summer School Registration Form

### Admission Requirements:

- (1) Non-refundable registration fee of \$100.00
- (2) Summer Fee \$500.00
- (3) Completed and signed application form and a passport photo or passport copy

Child's First Name: \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Likes, Dislikes and/or Special Interests: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Any learning disabilities: \_\_\_\_\_ Speech Delay: YES \_\_\_\_\_ NO \_\_\_\_\_

Any behavioral issues: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes pls explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Problems: It is mandatory that the staff is informed of any medical problems or illness. If a child is suffering from any serious illness they will not be allowed in the centre. Jamboree Kids will not be held responsible for any ailment that was not brought to the attention of our staff.**

**School presently attending:** \_\_\_\_\_

Number of Siblings living with the child: \_\_\_\_\_

**Mother's First Name:** \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Father's First Name:** \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Email address: \_\_\_\_\_

**Authorized Pickup Persons:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

**Emergency Contacts:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONSENT:** It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please state if you prefer Princess Margaret Hospital or Doctor's Hospital.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_ WHEN ILL/INJURED TO BE TAKEN TO **PRINCESS MARGARET HOSPITAL** \_\_\_ or **DOCTOR'S HOSPITAL** \_\_\_ BY THE STAFF OF JAMBOREE KIDS WHEN I/WE CANNOT BE CONTACTED. I ALSO CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT

**Parent Emergency Signature:** \_\_\_\_\_

This is a Global Pandemic and we have put in place preventative measures to reduce the spread of Covid-19.

Jamboree Kids reserves the right not to be held responsible for any teacher, parent or student who contracts the Covid-19 Virus. I am fully aware of the existing risk of my child's physical participation in daily activities at Jamboree Kids Nursery, Pre-School and Primary School. I am personally responsible to ensure that all protocols given by the school is followed.

With full knowledge of the above mentioned and risks involved I hereby release Jamboree Kids and its staff from any liabilities and claims directly and indirectly arising out of OR related to Covid-19.

**Parent(s) Name:** \_\_\_\_\_ **Parent(s) Signature:** \_\_\_\_\_

I, \_\_\_\_\_ (Parent or Guardian's name) give permission to **JAMBOREE KIDS** to photograph and record my child, \_\_\_\_\_ (Child's name) to display on Jamboree Kids Website; and/or in school brochures.

**Parent Authorization Signature:** \_\_\_\_\_

I hereby acknowledge that the information set forth in this Registration Form is true and correct. I agree to the contents herein and to abide by the policies of Jamboree Kids on \_\_\_\_\_ (date).

**Parent(s) Name:** \_\_\_\_\_ **Parent(s) Signature:** \_\_\_\_\_